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PTO/SB/05 (08/03)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No.

9510

First Inventor

Paul John Rennie

Assignee

The Procter & Gamble Company

Title

Methods of Preventing and Treating SARS
Using Low pH Respiratory Tract
Compositions

Express Mail Label No.

EV 249878275 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. ☒ Specification Total Pages [22]
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3. ☐ Drawing(s) (35 USC §113) Total Sheets ☐

4. Oath or Declaration Total pages [2]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 complete)
- i. ☐ **DELETION OF INVENTORS**
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b).

5. ☒ Application Data Sheet. See 37 CFR §1.76

6. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ Paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))

9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

10. ☐ English Translation Document (if applicable)

11. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449/SB08 Citations

12. ☐ Preliminary Amendment

13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

15. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.

16. ☐ Other:

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP)

of prior application No. 09/692,634

Prior application information:

Examiner: _____

Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number

(Insert Customer No. here)

27752

Name (Print/Type)

Joan B. Cunningham

Registration No. (Attorney/Agent)

43,962

Signature

Joan B. Cunningham

Date

February 2, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



FEE TRANSMITTAL

for FY 2004

Patent fees are subject to annual revision.

Complete if Known

Application Number

Confirmation Number

Filing Date

February 2, 2004

First Named Inventor

Paul John Rennie

Examiner Name

Art Unit

TOTAL AMOUNT OF PAYMENT (\$770)

Attorney Docket No.

9510

METHOD OF PAYMENT

1. ☒ The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION

1. BASIC FILING FEE – Large Entity

Code	(\$)	Fee Description	Fee Paid
1001	770	Utility filing fee	<input checked="" type="checkbox"/>
1002	340	Design filing fee	<input type="checkbox"/>
1004	770	Reissue filing fee	<input type="checkbox"/>
1005	160	Provisional filing fee	<input type="checkbox"/>
SUBTOTAL (1)			(\$)[770]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims	[15] - 20** = [0] x	[18] =	[0]
Independent Claims	[1] - 3** = [0] x	[86] =	[0]
Multiple Dependent		[290] =	[0]

** or number previously paid, if greater; For Reissues, see below

Code	(\$)	Fee Description
1202	18	Claims in excess of 20
1201	86	Independent claims in excess of 3
1203	290	Multiple dependent claim, if not paid
1204	86	**Reissue independent claims over original patent
1205	18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[0]

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Code	(\$)	Fee Description	Fee Paid
1051	130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052	50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053	130	Non-English specification	<input type="checkbox"/>
1812	2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804	920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805	1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251	110	Extension for reply within 1 st month	<input type="checkbox"/>
1252	420	Extension for reply within 2 nd month	<input type="checkbox"/>
1253	950	Extension for reply within 3 rd month	<input type="checkbox"/>
1254	1,480	Extension for reply within 4 th month	<input type="checkbox"/>
1255	2,010	Extension for reply within 5 th month	<input type="checkbox"/>
1401	330	Notice of Appeal	<input type="checkbox"/>
1402	330	Filing a brief in support of an appeal	<input type="checkbox"/>
1403	290	Request for oral hearing	<input type="checkbox"/>
1451	1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452	110	Petition to revive - unavoidable	<input type="checkbox"/>
1453	1,330	Petition to revive - unintentional	<input type="checkbox"/>
1501	1,330	Utility issue fee (or reissue)	<input type="checkbox"/>
1502	480	Design issue fee	<input type="checkbox"/>
1460	130	Petitions to the Commissioner	<input type="checkbox"/>
1807	50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>
1806	180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810	770	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>
1801	770	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802	900	Request for expedited examination of a design application	<input type="checkbox"/>
1454	1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>
Other fee (specify) _____			<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3) (\$)[1]

SUBMITTED BY

Name (Print/Type)

Joan B. Cunningham

Registration No.
(Attorney/Agent)

43,962

Complete (if applicable)

Telephone

(513) 622-3993

Signature

Joan B. Cunningham

Date

February 2, 2004

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